

**CONTRACTOR'S APPLICATION**  
**FOR HOUSING REHAB PROJECTS**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Employer ID #

OR

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Officer Authorized to Execute Documents

\_\_\_\_\_  
Officer Authorized to Execute Documents

\_\_\_\_\_  
How Long in Business?

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Amount – Worker's Compensation

\_\_\_\_\_  
Amount – Public Liability

List Suppliers, Addresses and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Subcontractors, Addresses and Phone Numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Work References, Address and Phone Number: (List Most Recent, Including Present Job)

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I hereby authorize the release of information listed above to the California State Department of Housing and Community Development, the California Housing Finance Agency, Department of Housing and Urban Development, the City of Calexico and any other participating Agency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contractor's License Number

NOTE: ALL CONTRACTORS ARE REQUIRED TO FURNISH A CERTIFICATE OF INSURANCE PRIOR TO BEING APPROVED TO BID ON REHABILITATION WORK.